Month Day Year

FORM **SF-SAC** (6-27-2000)

U.S. DEPT. OF COMM.- Econ. and Stat. Admin.- U.S. CENSUS BUREAU

ACTING AS COLLECTING AGENT FOR
OFFICE OF MANAGEMENT AND BUDGET

## Data Collection Form for Reporting on AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS for Fiscal Year Ending Dates On or After January 1, 2001

as required by OMR Circular A-133 "Audits

RETURN TO Federal Audit Clearinghouse

	of States, Local Governments, and Non-Profit Organizations."								
	PART I GENERAL INFORMATION (To be con	nple	ted by auditee	, except for Item 7)					
1.	Fiscal year ending date for this submission  Month / Day / Year Fiscal Year End Dates Must Be On or After January 1, 2001	2. Type of Circular A-133 audit  1 ☐ Single audit 2 ☐ Program-specific audit							
3.	Audit period covered  1	GC	DERAL OVERNMENT SE ONLY	4. Date received by Federal clearinghouse					
5.			b = "Yes," c/m EIN's covered in	colete Part I/Item 5c (refer to Page 4)  this report? 1 □ Yes 2 □ No					
3.	AUDITEE INFORMATION	7. AUDTOR INFORMATION (To be completed by auditor)							
	a. Auditee name	•	a. Auditor name						
	<b>b.</b> Auditee address (Number and street)		<b>b.</b> Auditor address (Number and street)						
	City		City						
	State ZIP Code		State	ZIP Code					
	C. Auditee contact Name  Title		C. Auditor con Name	tact					
	d. Auditee contact telephone	d. Auditor contact telephone							
	e. Auditee contact FAX (Optional)		e. Auditor con	tact FAX (Optional)					
	f. Auditee contact E-mail (Optional)		f. Auditor con	tact E-mail <i>(Optional)</i>					
	g. AUDITEE CERTIFICATION STATEMENT – This is to certify that, to the best of my knowledge and belief, the auditee has: (1) Engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and, (3) the information included in Parts I, II, and III of this data collection form is accurate and complete. I declare that the foregoing is true and correct.  Signature of certifying official  Date  Month  Day  Year		information prescribed k included in Part III, Item auditor's rel Items 1 and reports. The procedures copy of the Circular A-1 report(s), is at the addre required by <b>Parts II</b> and by the audit reporting paany addition the complet	included in this form are limited to those by OMB Circular A-133. The information Parts II and III of the form, except for its 9, 10, and 11, was transferred from the port(s) for the period described in Part I, 3, and is <b>not a substitute</b> for such a auditor has not performed any auditing since the date of the auditor's report(s). A reporting package required by OMB 33, which includes the complete auditor's available in its entirety from the auditee is provided in Part I of this form. As OMB Circular A-133, the information in III of this form was entered in this form too based on information included in the ackage. The auditor has not performed and auditing procedures in connection with item of this form.					
	Name/Title of certifying official		Signature of a	uditor Date					

		EIIN:										
	PART I GENERAL INFORMATION – Continued											
8.	Did the auditee expend more than \$25,000,000 in Federal award 1  Yes - Identify Cognizant Agency in Part I/Item 9	s during the fiscal year? (Mark (X) one box)  2  No – SKIP to Part II, Item 1										
9.	Indicate which <b>Federal</b> awarding agency provided the predominant amount of direct funding in fiscal year 2000. (Mark (X) one box) However, if cognizance has been reassigned, see instructions.											
	02	14 Housing and Urban Development Foundation  15 Interior 20 Transportation  16 Justice Other - Specify:  17 Labor										
	PART II FINANCIAL STATEMENTS (To be complete)	ted by auditor)										
	Type of audit report (Mark (X) one box)	•										
	· · · · · · · · · · · · · · · · · · ·	Adverse opinion 4 Disclaimer of opinion										
2.	Is a "going concern" explanatory paragraph included in the audi	t report? 1 Yes 2 No										
3.	Is a reportable condition disclosed?	1 ☐ Yes 2 ☐ No – SKIP to Item 5										
4.	Is any reportable condition reported as a material weakness?	1 ☐ Yes 2 ☐ No										
	Is a material noncompliance disclosed?	1 ☐ Yes 2 ☐ No										
	PART III FEDERAL PROGRAMS ((To be completed by auditor)											
	Type of audit report on major program compliance	,										
••		Adverse opinion 4 Disclaimer of opinion										
2.	Does the auditor's report include a statement that the auditee's include departments, agencies, or other organizational units ex \$300,000 in Federal awards that have separate A-133 audits whim this audit (AICPA SOP 98-3 paragraph 10.54)?	pending greater than										
	What is the dollar threshold to distinguish Type A and Type B p  Did the auditee qualify as a low-risk auditee (5 530)?	rograms §520(b)?										
	• •											
	Is a reportable condition disclosed for any major program? (§ _											
	Is any reportable condition reported as a material weakness? (§											
	Are any known questioned costs reported? (§510(a)(3) or (4											
	Are any current year audit findings related to funding provided awarding agency(ies) reported? (Answers must correspond to Page 2)	art III/Items 11 and 12.) 1 Yes 2 No										
9.	Was a Summary Schedule of Prior Audit Findings prepared?	1 ∐ Yes 2 ∐ No										
	If Part III/Item 8 = "No", then SK\P \( \sigma \) Part III/Item 11.											
10. Indicate which Federal agency(ies) have current year audit findings related to direct funding and prior audit as shown in the Summary Schedule of Prior Audit Findings related to direct funding. (Mark (X) all that appliagency identified is required to receive a copy of the report package.												
	01	17   □ Labor  43   □ National Aeronautics and Space Administration  89   □ National Archives and Records Administration  19   □ State  19   □ State  19   □ State  20   □ Transportation  21   □ Treasury  21   □ Treasury  22   □ United States Information Agency  47   □ National Science Foundation  27   □ Office of National Drug Control Policy  28   □ Peace Corps  29   □ Small Business Administration  96   □ Social Security Administration  19   □ State  20   □ Transportation  21   □ Treasury  82   □ United States Information Agency  64   □ Veterans Affairs  10   □ Other - Specify:  20   □ Transportation  21   □ Treasury  22   □ United States  23   □ United States  24   □ Veterans Affairs  25   □ Other - Specify:  26   □ Social Security Administration  27   □ Transportation  28   □ United States  29   □ Other - Specify:  20   □ Transportation  21   □ Treasury  22   □ United States  23   □ Other - Specify:  24   □ Veterans Affairs  25   □ Other - Specify:  26   □ Social Security  27   □ Transportation  28   □ United States  29   □ Other - Specify:  20   □ Transportation  21   □ Treasury  20   □ Treasury  21   □ Treasury  22   □ United States  23   □ Other - Specify:  24   □ Veterans Affairs  25   □ Other - Specify:										
	Total number of reporting packages to be submitted											

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	46	47	48	49	50	51	52	53	بر 4	5.5	26	57	28	59	09
d in this report.	31	32	33	34	3,5	36	37	38	39	40	41	42	43	44	45
List the Multiple Employer Identification Numbers (EIN's) covered in this report.	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
a C. List the Multiple Employer Ider	1	2	3	4	5	9		∞	6	10	11	12	13	14	SF-SAC (6

**Item 5 Continuation Sheet** 

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS.